

F07000005128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

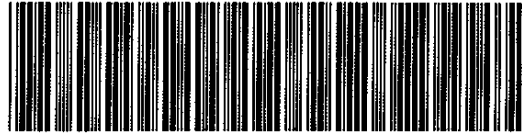
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

547

1007-39573



300106193743

08/13/07--01020--007 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 12 AM 8:50

gc 10/17/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

07 OCT 12 AM 8:50

TO: Registration Section
Division of Corporations

SUBJECT: Assurecare of Florida, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Agar
(Name of Person)
AssureCare of Florida, Inc. DBA HBI
(Firm/Company)
765 Douglas Avenue
(Address)
Altamonte Springs, FL 32716
(City/State and Zip code)

For further information concerning this matter, please call:

Craig Mell at (763) 383-4810
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 AM 8:50

August 14, 2007

RICHARD AGAR
765 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32716

SUBJECT: ASSURECARE OF FLORIDA, INC.
Ref. Number: W07000039573

We have received your document for ASSURECARE OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 707A00049584

*Please find the signature
on the attached pages
My phone number
763-383-4*

RECEIVED
07 OCT 12 AM 10:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AssureCare of Florida, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

HBI, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. 26-0681040
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/12/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 08/01/2007
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 765 Douglas Avenue, Altamonte Springs, FL 32714
(Principal office address)

13700 Watertower Circle Ste D, Plymouth, MN 55441
(Current mailing address)

8. General Activity
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)


Name: Michael J. Ryan, ESQ

Office Address: 11911 US Hwy 1 Suite 309

North Palm Beach, Florida 33408
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED
07 OCT 12 AM 8:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 AM 8:52

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard J. Agar

Address: P.O. Box 27740 Las Vegas, NV 89126

Vice President: Dennis Agar

Address: P.O. Box 27740 Las Vegas, NV 89126

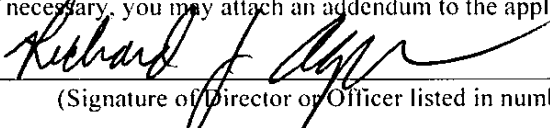
Secretary: Michael Ryan

Address: P.O. Box 27740 Las Vegas, NV 89126

Treasurer: Richard J. Agar

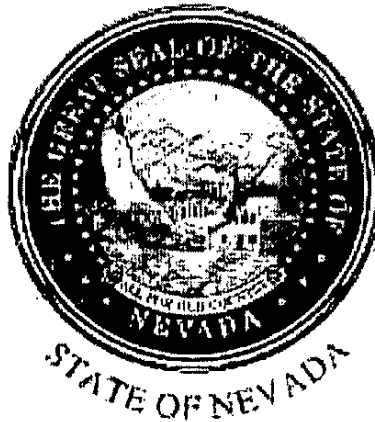
Address: P.O. Box 27740 Las Vegas, NV 89126

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Richard J. Agar President
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 12 AM 8:52

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSURECARE OF FLORIDA, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 12, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 17, 2007.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

By

A handwritten signature in black ink, appearing to read "Sandra A. Kraatz".
Certification Clerk